



Birth Certificate Request Form

Please print out this form and return to:

Town Clerk
30 Providence Road
Grafton, MA 01519

TOWN OF GRAFTON
TOWN CLERK

Requests submitted through the mail will be processed on the date they are received.

Full Name of person on the record of birth

First	Middle	Last
-------	--------	------

Date of Birth

Month	Day	Year
-------	-----	------

Full Maiden Name of Mother

First	Middle	Last
-------	--------	------

Full Name of Father

First	Middle	Last
-------	--------	------

Signature of Requester _____

Daytime telephone number _____
Area Code Number

Fee is \$10.00 per copy
Make check payable to **TOWN OF GRAFTON**
Include a self-addressed stamped envelope.